

WRITE PLAINLY WITH UNFADING INK. N. B.—In case of more than one child, a SEPARATE RETURN must be made for each child, giving the name of the child, the date of birth, and the name of the mother.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 131  
Registered No. 178

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township Globe or Village County Hospital  
City Globe No. County Hospital St. County Hospital Ward County Hospital  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other No 5. No., in order of birth 1 6. Legitimate? Yes 7. Date of birth Oct 5, 1928  
Month Oct Day 5 Year 1928

8. FATHER  
Full name Jesse Mahern Sisk  
9. Residence (Usual place of abode) 662 Ash St. Globe Ariz  
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Newark  
(State or country) Arkansas

13. Occupation Stock Salesman  
Nature of industry

14. MOTHER  
Full maiden name Anna Ruth Johnstone  
15. Residence (Usual place of abode) 662 Ash St. Globe Ariz  
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 25 (Years)

18. Birthplace (city or place) Marshall  
(State or country) MO.

19. Occupation H. W.  
Nature of industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 10:05 m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles E. Smith  
(Physician or midwife).

Given name added from a supplemental report Month, day, year

Address Miami Ariz.

Filed 11/8, 1928 H. E. Lightner Registrar

Registrar

Registrar

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